

FILED MAY 15 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012464

STATE FILE NUMBER

XC-

REG. #A679

Registration District No. 43

Primary Registration District No. 8007

Registrar's No. 224

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before) a. STATE MISSOURI b. COUNTY MISSISSIPPI	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		c. CITY OR TOWN EAST PRAIRIE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) GENERAL DELIVERY	
3. NAME OF DECEASED (Type or print) First LINDELL Middle WINFORD Last FLORENCE		4. DATE OF DEATH Month MAY Day 3 Year 1959	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8-16-19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and state or country) CAMDEN, TENNESSEE
13a. FATHER'S NAME ROBERT FLORENCE		13b. MOTHER'S MAIDEN NAME MINNIE SMOTHERS	14. NAME OF HUSBAND OR WIFE NOT APPLICABLE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 2-3 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORKING AT <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION VA		COUNTY _____ STATE _____	
21. I attended the deceased from 3PM, MAY 3, 1959 to 3:12PM, MAY 3, 1959 Death occurred at 3:12 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edward W. Cline, M.D. (Printed name) EDWARD W. CLINE, M.D. County Health Officer, Poplar Bluff, Mo.		22b. ADDRESS 1618 N. Main St., Poplar Bluff, Mo.	
22c. DATE SIGNED 5/5/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE May 5-1959	
23c. NAME OF CEMETERY OR CREMATORY Plesant Hill Cemetery		23d. LOCATION (City, town, or county) Camden, Tenn.	
24. FUNERAL DIRECTOR Travis Shelby Jr.		25. DATE REG. BY LOCAL REG. 5/9/59	
ADDRESS East Prairie, Mo.		26. REGISTRAR'S SIGNATURE <i>R. H. Hines</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Thos. Shelly Jr.

Licensed Embalmer No. *4940*

P. O. Address *East River*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.